

2015 Premium Surcharge Help Sheet

- Use the information below to attest on your 2015 enrollment form or the *2015 Premium Surcharge Change Form* whether the premium surcharges apply.
- The surcharges do not apply to subscribers and any family members enrolled in PEBB dental coverage only.
- The surcharges do not apply to retirees, COBRA, or extension of coverage subscribers enrolled in Medicare Part A and Part B.

Tobacco use premium surcharge

What are “tobacco products”?

Tobacco products are defined as any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, chewing tobacco, snuff, and other tobacco products.

Tobacco products do not include:

- E-cigarettes (until their tobacco-related status is determined by the U.S. Food and Drug Administration [FDA]).
- Tobacco cessation aids approved by the FDA, such as:
 1. Over-the-counter nicotine replacement products.
 - All over-the-counter tobacco cessation products for adults age 18 and older.
 - All over-the-counter tobacco cessation products for children under age 18 if recommended by a doctor.

Examples of over-the-counter nicotine replacement products include:

- Skin patches—generic (nicotine film), private label, or brand-name (Habitrol or Nicoderm).
- Chewing gum (also called nicotine gum)—generic (nicotine polacrilex or Thrive), private label, or brand-name (Nicorette).
- Lozenges—generic (nicotine polacrilex), private label, or brand-name (Nicorette or Commit).

2. Prescription nicotine replacement products.

- Nasal spray or oral inhaler—brand name (Nicotrol)
- Products not containing nicotine, such as pills—generic (bupropion hydrochloride) or brand name (Chantix or Zyban)

What is “tobacco use”?

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

The surcharge **will not** apply if you and all family members ages 18 and older who use tobacco products are enrolled in your PEBB medical plan's tobacco cessation program, or if children ages 17 and younger who use tobacco products access information and resources at teen.smokefree.gov.

Does this mean tobacco use within the past two months from today?

Tobacco products used within the two months before the date you complete this form count as “tobacco use.”

What if tobacco use changes?

When **all** enrolled family members have not used tobacco products for two months, or have used the tobacco cessation resources noted above, you may change your attestation online using *My Account* at www.hca.wa.gov/pebb or submit a *2015 Premium Surcharge Change Form* to remove the surcharge for future months.

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Spouse or registered domestic partner coverage premium surcharge

Will the spouse or registered domestic partner coverage premium surcharge apply to me?

If you have a spouse or registered domestic partner on your 2015 PEBB medical plan, answer “YES” or “NO” to the following questions. **Check the corresponding boxes on your 2015 enrollment form or 2015 Premium Surcharge Change Form.** If you don’t have a spouse or registered domestic partner on your PEBB medical plan, you don’t need to complete this questionnaire—this surcharge doesn’t apply to you.

Questions	YES	NO
1 Are you covering your spouse or registered domestic partner in Public Employees Benefits Board (PEBB) medical coverage under your account in 2015?		
2 Will your spouse or registered domestic partner be eligible for medical coverage through his or her employer in 2015? (If your spouse or registered domestic partner will not be employed in 2015, answer “NO.”)		
3 Will your spouse’s or registered domestic partner’s employer offer at least one medical plan that serves your spouse’s or registered domestic partner’s county of residence in 2015?		
4 Has your spouse or registered domestic partner chosen not to enroll in his or her employer’s medical coverage in 2015?		
5 Will the coverage offered by your spouse’s or registered domestic partner’s employer in 2015 NOT be through the PEBB Program? Answer “YES” if your spouse’s or registered domestic partner’s employer does not offer PEBB coverage. Answer “NO” if your spouse’s or registered domestic partner’s employer does offer PEBB coverage.		
6 Will your spouse’s or registered domestic partner’s share of the medical premium through his or her employer be less than \$89.31 per month in 2015?		

► If you answered “YES” to ALL of these questions, you may have to pay the surcharge.

To find out whether you do:

1. Your spouse or registered domestic partner should ask his or her employer for a *2015 Summary of Benefits and Coverage (SBC)* for **all** medical plans that:
 - Serve the county of residence for your spouse or registered domestic partner.
 - Have a monthly premium of less than \$89.31 per month for the employee.
2. Use the *2015 Summary of Benefits and Coverage (SBC)* information to answer the questions in the *2015 Spousal Plan Calculator* online tool at www.hca.wa.gov/pebb.
Or, you can download a paper version of the *2015 Spousal Plan Calculator* from the website and submit it with your 2015 enrollment form or your *2015 Premium Surcharge Change Form*.
If you don’t have access to the internet, you may request a paper *2015 Spousal Plan Calculator* from your employer (if an employee). Retirees, COBRA, and Leave Without Pay subscribers may call the PEBB Program at 1-800-200-1004 to request a paper copy.

If using the online *2015 Spousal Plan Calculator*:

- Provide all the information requested by the form.
- Click the Compute button.
- You will be provided with the “YES” or “NO” response to the question “Does the spouse or registered domestic partner coverage surcharge apply to you?” Enter this response on your 2015 enrollment form or *2015 Premium Surcharge Change Form*.

If using a paper *2015 Spousal Plan Calculator*:

- Provide all the information requested by the form.
- Check “Employer or PEBB Program to determine.”
- Include a copy of the *2015 Spousal Plan Calculator* when you submit your 2015 enrollment form or *2015 Premium Surcharge Change Form*.
- Your employer or the PEBB Program will determine whether your spouse’s or registered domestic partner’s employer-based group medical insurance is comparable to UMP Classic.

► If you answered “NO” to ANY of these questions, you will not have to pay the surcharge if you check “NO” on your 2015 enrollment form or *2015 Premium Surcharge Change Form*.